

<i>SERFF Tracking Number:</i>	<i>BKIC-127365856</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49537</i>
<i>Company Tracking Number:</i>	<i>10-0075</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Single Premium Settlement Annuity Application</i>		
<i>Project Name/Number:</i>	<i>SPIA APP AR 8/11/10-0075</i>		

Filing at a Glance

Company: Bankers Life Insurance Company

Product Name: Single Premium Settlement SERFF Tr Num: BKIC-127365856 State: Arkansas
Annuity Application

TOI: A05I Individual Annuities- Immediate Non-Variable SERFF Status: Closed-Approved-Variable State Tr Num: 49537
Closed

Sub-TOI: A05I.000 Annuities - Immediate Non-variable Co Tr Num: 10-0075 State Status: Approved-Closed

Filing Type: Form

Author: Debra Riley

Date Submitted: 08/11/2011

Reviewer(s): Linda Bird

Disposition Date: 08/17/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: SPIA APP AR 8/11

Project Number: 10-0075

Requested Filing Mode:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/17/2011

Domicile Status Comments: Application approved in FL

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/17/2011

State Status Changed: 08/17/2011

Deemer Date:

Created By: Debra Riley

Submitted By: Debra Riley

Corresponding Filing Tracking Number:

Filing Description:

We are submitting for approval the revised Single Premium Settlement Annuity Application, SPIA APP AR 8/11. The application was originally approved by your office on January 21, 2000.

The forms to be used or issued in connection with SPIA APP AR 8/11 are the Single Premium Settlement Annuity Policy Form and the Change of Owner and Assignment Endorsement:

SERFF Tracking Number: BKIC-127365856 State: Arkansas
Filing Company: Bankers Life Insurance Company State Tracking Number: 49537
Company Tracking Number: 10-0075
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: Single Premium Settlement Annuity Application
Project Name/Number: SPIA APP AR 8/11/10-0075
SPIA POL GN 11/99 Approved January 21, 2000
SPIA COA END GN 12/00 Approved January 30, 2001

This product is a single premium immediate annuity that can accommodate varying benefit patterns, both with and without life contingencies. It will be marketed through our general agent distribution network. The target market for the product is a senior client who seeks immediate income.

All agents are required to complete a Suitability Questionnaire, Form Suitability 3/11, and a Replacement Form, if applicable, with each application to ensure both suitability and compliance with all applicable requirements.

Company and Contact

Filing Contact Information

Debra Riley, AVP Operations djriley@bankerslifeinsurance.com
11101 Roosevelt Blvd 800-839-2731 [Phone] 5148 [Ext]
St Petersburg, FL 33716 800-946-3306 [FAX]

Filing Company Information

Bankers Life Insurance Company CoCode: 81043 State of Domicile: Florida
11101 Roosevelt Blvd Group Code: 689 Company Type: L&H
St. Petersburg, FL 33716 Group Name: Bankers Insurance State ID Number: 03
Group
(800) 839-2731 ext. 5148[Phone] FEIN Number: 59-1460067

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: FL does not have a filing fee. The AR filing fee is \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life Insurance Company	\$50.00	08/11/2011	50557816

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/17/2011	08/17/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
AR Application Filing	Note To Reviewer	Debra Riley	08/11/2011	08/11/2011

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Disposition

Disposition Date: 08/17/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Single Premium Settlement Annuity Application		Yes

Note To Reviewer

Debra Riley on 08/11/2011 03:10 PM

Linda Bird

08/17/2011 09:57 AM

AR Application Filing

If you have any questions I can be reached at 800-839-2731, extension 5148. Thank you for your time.

SERFF Tracking Number: BKIC-127365856 State: Arkansas

Filing Company: Bankers Life Insurance Company State Tracking Number: 49537

Company Tracking Number: 10-0075

TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: Single Premium Settlement Annuity Application

Project Name/Number: SPIA APP AR 8/11/10-0075

Form Schedule

Lead Form Number: SPIA APP AR 8/11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SPIA APP AR 8/11	Application/ Single Premium Enrollment Settlement Annuity Form Application	Revised	Replaced Form #: SPIA APP AR 11/99 Previous Filing #: SPIA APP AR 11/99	58.910	SPIA APP AR 8-11 .pdf

BANKERS LIFE INSURANCE COMPANY

OVERNIGHT DELIVERY: 11101 Roosevelt Blvd N., St. Petersburg, FL 33716 (800-839-2731)

REGULAR MAIL: P. O. Box 15707, St. Petersburg, FL 33733

Application for Single Premium Immediate Annuity

Part A: Personal Date				
Proposed Annuitant	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary		Relationship to Annuitant		
Proposed Annuitant (Joint, if Applicable)	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary		Relationship to Annuitant		
Part B: Owner if other than Proposed Annuitant				
Name	Date of Birth/ Inc	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary		Relationship to Owner		
Part C: Co-Owner (if Applicable)				
Name	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Name of Beneficiary		Relationship to Co-Owner		
The Owner is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trustee				
Part D: Payee Information				
Name	Date of Birth	Age	Sex	Social Security Number
Address	City	State	Zip Code	Telephone Number
Part E: Coverage Information				
Plan: <u>The Bankers Income Annuity</u>		Amount applied for\$ _____ (estimated amount)		
Part F : General Information				
Will the proposed insured replace an existing life insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
This annuity is being applied for as: <input type="checkbox"/> Non-Qualified <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Other _____				

Part G: Benefit Options: (Please check one (1) of the following options)	
<input type="checkbox"/> Payment for a Fixed Period of Time	<input type="checkbox"/> Payment for a Fixed Period and Life
<input type="checkbox"/> Payments of a Fixed Amount	<input type="checkbox"/> Life Income
Part H: Payment Plan: (Please check one (1) in each payment category)	
Please check one of the following: <input type="checkbox"/> Five (5) years <input type="checkbox"/> Ten (10) years <input type="checkbox"/> Fifteen (15) years <input type="checkbox"/> Twenty (20) years <input type="checkbox"/> Thirty (30) years <input type="checkbox"/> Other _____ <input type="checkbox"/> Payments of a Fixed Amount, amount of each payment \$ _____	Please specify one payment interval: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually

Agreements:

This application will be a part of the annuity issued by Bankers Life Insurance Company (the "Company"). It is agreed that: (1) This application shall be the basis for any annuity issued on this application; (2) Any annuity issued on this application shall not take effect until the contract is delivered to the applicant/proposed owner and the single premium has been paid in full; (3) No information acquired by any representative of the Company shall be binding upon the Company unless set out in writing in this application; (4) No waiver or modification shall be binding upon the Company unless in writing and signed by a President or a Vice President and the Secretary or an Assistant Secretary; and (5) I/We have acknowledged and read the fraud warnings below.

Any person who, knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I hereby declare the application was signed and dated at: _____
City State Date

Signature of Applicant

Signature of Owner

To the best of my knowledge, replacement of an existing life insurance policy or annuity ☐ is ☐ is not needed in this transaction.

Signature of Agent Date Agent Number Agent's Telephone Number
(FL License)

Please **print** agent/broker name _____

Note: Once Owner designates a Payee other than the Owner all rights are released and irrevocable.

Taxpayer ID Number & Certification (Substitute IRS Form W-9)

This Certification must be completed and signed by the listed Payee of this Annuity identified above. If you do not provide your tax identification number, we are required to withhold 31% of the taxable amount distributed. If you do not complete the Certification or if we are so notified by the Internal Revenue Service, we must withhold 31% of the amount subject to federal income taxes.

1. Taxpayer Identification Number

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see IRS form W-9.

☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐ **OR** ☐ ☐ - ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. Certification (Please check all of the below items that are true) Under penalties of perjury, I certify that:

- ☐ a. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- ☐ b. I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or the IRS has notified me that I am no longer subject to backup withholding.
- ☐ c. The Payee is a U.S. Citizen.

Certification Instructions – DO NOT check item 2b if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

3. Tax Withholding Election

Indicate below whether or not you want Federal Income Tax withheld from the payment (check one):

- ☐ I **DO NOT** want Federal Income Tax withheld.
- ☐ I **DO** want Federal Income Tax withheld. Taxes will be withheld at the rate of 10% unless a higher percentage is indicated here _____.

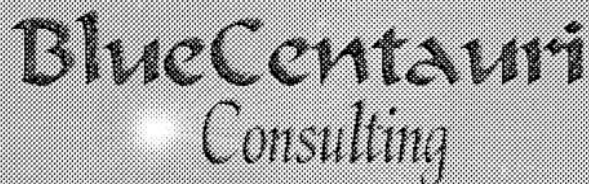
<i>SERFF Tracking Number:</i>	<i>BKIC-127365856</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:	The readability certification is attached.	
Attachment:	AR Readability Cert.pdf	

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:	Application SPIA AP AR 11/99 was approved by your Department on January 21, 2000	

	Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo	
Bypass Reason:	An application filing does not require an Actuarial Memorandum.	
Comments:		

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Writing Sample Analyzer

This writing sample analyzer takes a sample of your writing and then calculates the number of sentences, words, and characters in your sample. As it's calculating these statistics it makes estimates as to how many syllables are present in each word. Using these numbers, it then calculates the *Flesch Reading Ease*, *Fog Scale Level*, and *Flesch-Kincaid Grade Level*, which are three of the most common readability algorithms. Simply supply a sample of your writing up to 5,000 characters and then click "Analyze."

Text Sample:

BANKERS LIFE INSURANCE COMPANY
OVERNIGHT DELIVERY: 11101
Roosevelt Blvd N., St. Petersburg,
FL 33716 (800-839-2731)
REGULAR MAIL: P. O. Box 15707,
St. Petersburg, FL 33733
Application for Single Premium
Immediate Annuity

Part A: Personal Data
Proposed Annuitant Date of
Birth Age Sex Social
Security Number
Address City State Zip Code
Telephone Number

Number of Sentences: 89

Words Per Sentence: 10.21

Characters Per Word: 5.32

Flesch Reading Ease: 58.91
What does this mean?Fog Scale Level: 9.37
What does this mean?Flesch-Kincaid Grade Level: 7.58
What does this mean?[Analyze](#)[Clear](#)

SPIA App AR 8/11

Dg Riley
8/11/11

The Flesch Reading Ease Scale:

The Flesch score relies on the number of syllables and sentence lengths to determine the reading ease of the sample. The scale is comprised by taking the sentence length in words and multiplying it by 1.015. Next the number of syllables per 100 words is multiplied by 0.846. These two numbers are added together and their sum is then subtracted out of 206.8.